

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

226

State File No. 111111

Registered No.

County Greenlee

State ARIZONA

Township Metcalf

or Village

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

Full name of child Aurora Cruz

{ If child is not yet named, make supplemental report, as directed

Female

If plural births

4. Twin, triplets, or other

6. Premature

7. Is mother married? Yes

8. Date of birth July 27 1916

(Month, day, year)

FATHER Santiago Cruz

Residence (usual place of abode) Metcalf Ariz

non-resident, give place and State

or race Mex.

12. Age at last birthday 44 (Years)

Place (city or place) Mexico

State or Country

Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

Laborer

Industry or business in which work was done, as silk mill, oil mill, bank, etc.

Date (month and year) last engaged in this work

17. Total time (years) spent in this work

18. Full maiden name

MOTHER Estafana Padilla

19. Residence (usual place of abode) Metcalf Ariz

(If non-resident, give place and State)

20. Color or race Mex

21. Age at last birthday 34 (Years)

22. Birthplace (city or place) Los Cruces N Mex

(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

Number of children of this mother born at this birth and including this child (a) Born alive and now living 7 (b) Born alive but now dead (c) Stillborn

Date of gestation months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at the time of birth, on the date above stated

If there was no attending physician, then the father, householder, or other person, make this return. Sworn before me this 27th day of Jan 1936.

(Signed)

D. G. Balmers

Address

Filed

1936

Registrar.

Registrar.